

Wolfner Library for the Blind and Physically Handicapped
Annual Student Listing Form for School Year _____

Name and Home Address of Student	Disability

TO BE COMPLETED AND CERTIFIED BY PROFESSIONAL EDUCATOR

I certify that the students listed above attend the school named below, are eligible for this free library service, and will be the direct and only recipients of the materials and equipment loaned by Wolfner Library. I understand each student must have a certified individual application on file with Wolfner Library. I understand Wolfner Library will notify the school which, if any, students do not have certified individual applications on file with the library. I understand those students may not use Wolfner Library services until they have a certified application on file with the library.

Certifier's Name _____ Title _____

Signature _____ Date _____

Certifier's E-mail Address _____

Name of School Needing Service _____

Address of School _____

City/ZIP Code _____

School Phone (_____) _____

Send materials to the attention of _____

at _____